

Date Correction Plan Due
11/23/2023

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
608-422-6785

Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(O), DCF 252.41(1)(L) and (2)(K). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions identified in the statute and / or administrative rule. Public Schools may submit plans of correction however are not required to do so.

Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Lebanon Lutheran School Ecc

3000579793 / 001 - 1009329

Address - Facility (Street, City, State, Zip Code)
W4661 Highway Min Lebanon WI 53047

Telephone Number
920-925-3040

Date - Regulation Visit
11/6/2023

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(3)(b) Abusive Head Trauma Prevention Training Description: Staff B did not have an approved Abusive Head Trauma Training certificate of completion prior to beginning to work with children under 5 years of age when her records were requested on November 3, 2023 and the director was unable to provide a certificate of completion.	- Certificate was completed on 11/3, lsk. But was in file. - Will have completed first thing.		11/7/23
2 251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff B did not have the required training on child abuse and neglect one week after beginning work when her start date was October 24, 2023 and her records indicate that it was complete on November 3, 2023, the same date her records were requested.	- Certificate was completed 2 days lsk. - Will complete first thing from here forward.		11/7/23

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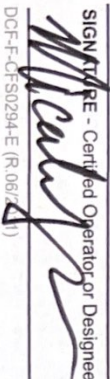
Date - Regulation Visit
11/6/2023

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Kimberly Liebhart

Date Issued
11/9/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

11/22/23